

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2008		Application Number	10/537,606-Conf. #3568
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 3, 2005
TOTAL AMOUNT OF PAYMENT (\$) 180.00		First Named Inventor	Masato YOSHIOKA
		Examiner Name	A. L. Fisher
		Art Unit	4173
		Attorney Docket No.	4244-0106PUS1

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)	
	Utility	310	155	510	255	210	105	_____
	Design	210	105	100	50	130	65	_____
	Plant	210	105	310	155	160	80	_____
	Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims				
9 - 20 = 0 x _____ = _____				Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
1 - 3 = 0 x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> <u>180.00</u>								

SUBMITTED BY							
Signature 		Registration No. (Attorney/Agent) <u>32,868</u>		Telephone <u>(703) 205-8000</u>			
Name (Print/Type) <u>Andrew D. Melkile</u>				Date <u>December 18, 2007</u>			